

LIGHT DUTY/SICK-IN QUARTERS			
FROM: NAVAL HEALTH CLINIC CORPUS CHRISTI, TX 78419		TO:	
NAME (LAST) (FIRST) (MI)	DATE:	COMMAND/DEPARTMENT:	
1. IT IS REQUESTED THAT SUBJECT NAMED MEMBER'S DUTIES BE LIMITED AS FOLLOWS:			
DUTIES NOT INVOLVING HEAVY LIFTING, MARCHING, CALISTHENICS OR PROLONGED STANDING.			
SICK-IN QUARTERS, NO DUTIES FOR 24 HOURS. PHYSICAL LIMITATIONS TO BE EXTENDED TO QUARTERS, MESSING AND MEDICAL FACILITY ONLY.			
OTHER LIMITATIONS (SPECIFY):			
2. THIS ASSIGNMENT IS RECOMMENDED FROM DATE OF ISSUE UNTIL 0730 ____.			
3. DIAGNOSIS/ICD-9 CODE:			
SIGNATURE (MEDICAL OFFICER)	TIME	DATE	
WHITE- MEMBER'S COPY; YELLOW - DEPARTMENT; PINK - MEDICAL RECORD; COPY TO INFORMATION DESK (STAFF ONLY)			

NHCCC 6330/5 (Rev 5-11)

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